

: (FOR LFMS USE)  
 : INFORMATION FROM LTS  
 : -----  
 :  
 : Program Code: 02201  
 : Status Code: 0  
 : Fee Category: 7C  
 : Exp. Date: 20120331  
 : Fee Comments: \_\_\_\_\_  
 : Decom Fin Assur Req'd: N  
 : ::

BETWEEN:

License Fee Management Branch, ARM  
 and  
 Regional Licensing Sections

LICENSE FEE TRANSMITTAL

A. REGION

- 1. APPLICATION ATTACHED  
 Applicant/Licensee: MICHIGAN INTERNAL MED.&CARDIOLOGY  
 Received Date: 20080519  
 Docket No: 3035953  
 Control No.: 317162  
 License No.: 21-32376-01  
 Action Type: Amendment

- 2. FEE ATTACHED  
 Amount: \_\_\_\_\_  
 Check No.:     0

3. COMMENTS

Signed *Rosmary J...*  
 Date 5/20/08

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /\_\_/) )

- 1. Fee Category and Amount: \_\_\_\_\_
- 2. Correct Fee Paid. Application may be processed for:  
 Amendment \_\_\_\_\_  
 Renewal \_\_\_\_\_  
 License \_\_\_\_\_
- 3. OTHER \_\_\_\_\_

Signed \_\_\_\_\_  
 Date \_\_\_\_\_